


FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F I L D 0 0 6 2 7 8 3 6 0 </div>
II. FACILITY NAME III. FACILITY MAILING ADDRESS IV. FACILITY LOCATION		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cut through it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
EPA Region 5 Records Ctr.  393295		
PLEASE PLACE LABEL IN THIS SPACE		

H. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 REILLY TAR & CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 FIRTLE L L PLANT MANAGER	618 452 3141

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 P O BOX 370	4 GRANITE CITY	IL	62040

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
4 19TH & EDWARDSVILLE ROAD	MADISON	6 GRANITE CITY	IL	62040	

A. FIRST										B. SECOND									
(specify) Cyclic (Coal tar) Crudes & Cyclic Intermediates Dyes & Organic Pigments (Lakes & Toners)										(specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
REILLY TAR & CHEMICAL CORPORATION																														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)														
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																									P (specify) A 3 1 7 6 3 8 7 5 3 1														
E. STREET OR P.O. BOX																																							
1 5 1 N DELAWARE ST SUITE 1 5 1 0																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
INDIANAPOLIS																				IN					4 6 2 0 4					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 F															(specify)														
See Attached																													

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Distillation of coal tar to produce creosote oil, pipeline enamel and various grades of pitch.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
C. F. Leshar Executive Vice President				7/10/84	
XIV. COMMENTS FOR OFFICIAL USE ONLY					

REILLY TAR & CHEMICAL CORPORATION
GRANITE CITY, ILLINOIS
ID # ILD006278360

ATTACHMENT "A"

EPA I.D. #IL006278360

X. Existing Environmental Permits

Illinois State Permit Number	Source Description	Type
I.D. #119040AAO Permit #72101030	Boilers	Operating - Air
I.D. #119040AAO Permit #73021158	Target Pitch	Operating - Air
I.D. #119040AAO Permit #72111177	Refinery	Operating - Air
I.D. #119040AAO Permit #73032433	Enamel Plant	Operating - Air
I.D. #119040AAO Permit #77120064	320 Tank Heater	Operating - Air
I.D. #119040AAO Permit #82060048	Oil Water Separator	Operating - Air
I.D. #119040AAO Permit #82020059	#7 Pitch Tank	Operating - Air
I.D. #119040AAO Permit #1983-EA-1020	Water Treatment	Operating - Water

FORM 3 EPA HAZARDOUS WASTE CONSOLE (This information is n

REILLY TAYLOR & CHEMICAL
ILD 006278360

EPA I.D. NUMBER
ILD 006278360

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item 1 above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS
TANK	502	GALLONS OR LITERS
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS
Injection:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	660	G	7			
2	S 0 3	500	Y	8			
3	T 0 2	40,000	U	9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Notes: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

W Z Z	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T 0 3	D 8 0			
X-2	D 0 0 2	400	P	T 0 3	D 8 0			
X-3	D 0 0 1	100	P	T 0 3	D 8 0			
X-4	D 0 0 2						included with above	

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																	
W I L D 0 0 6 2 7 8 3 6 0 1													W DUP 2 DUP																	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																														
NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
							1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
1	U	0	5	1	500	T	S	0	3																					Off Site Disposal
2	K	0	3	5	6,600	P	S	0	1																					Off Site Disposal
3																														
4																														
5																														
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	I	D	0	0	6	2	7	8	3	6	0	T/A	C
													6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

3	8	4	1	0	2	0
41	42	43	44	45	46	47

LONGITUDE (degrees, minutes, & seconds)

0	9	0	0	8	0	2	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

C. F. Leshner
Executive Vice President

B. SIGNATURE



C. DATE SIGNED

28 Nov 84

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

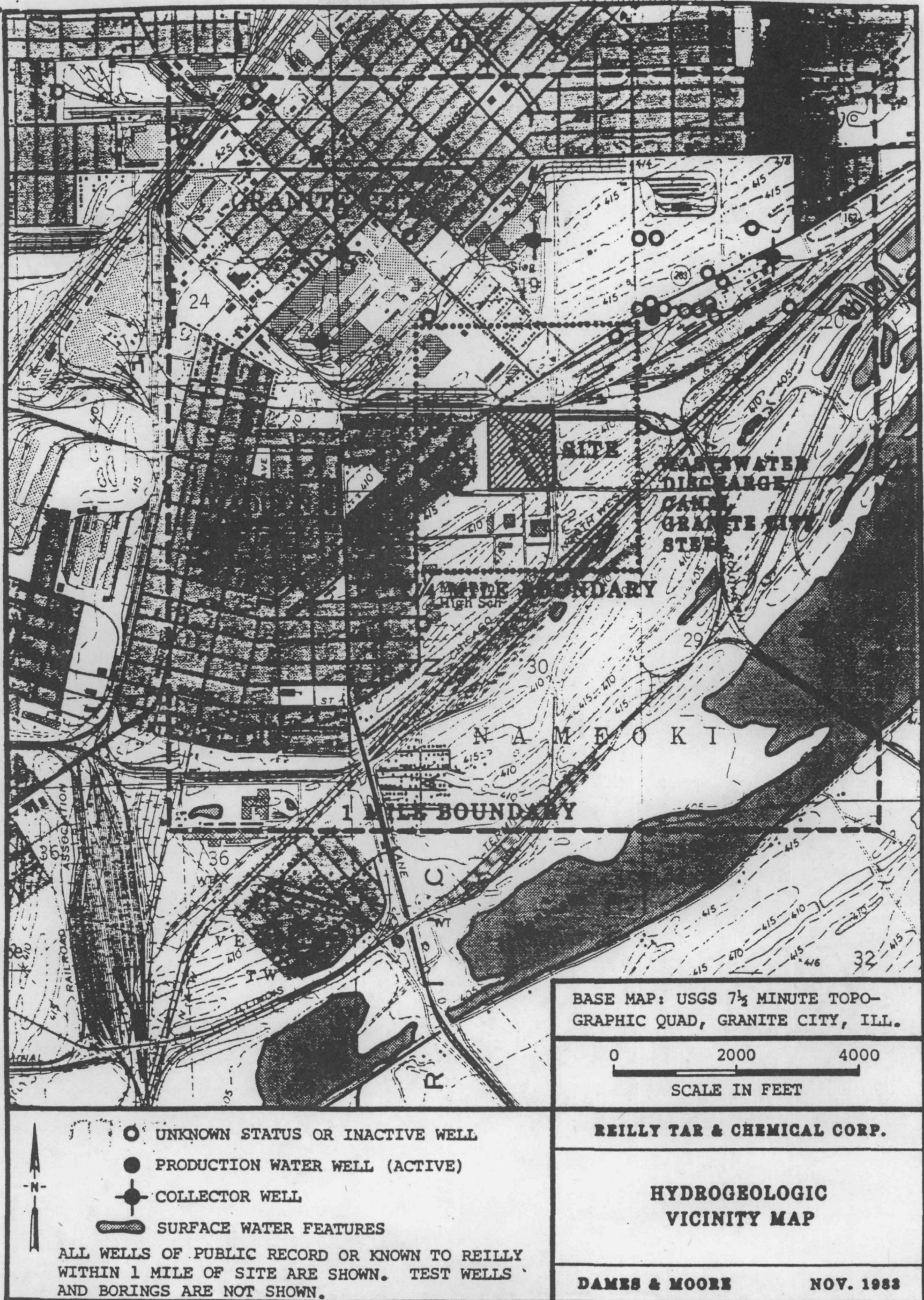
C. DATE SIGNED

22

AMENDED PART "A"

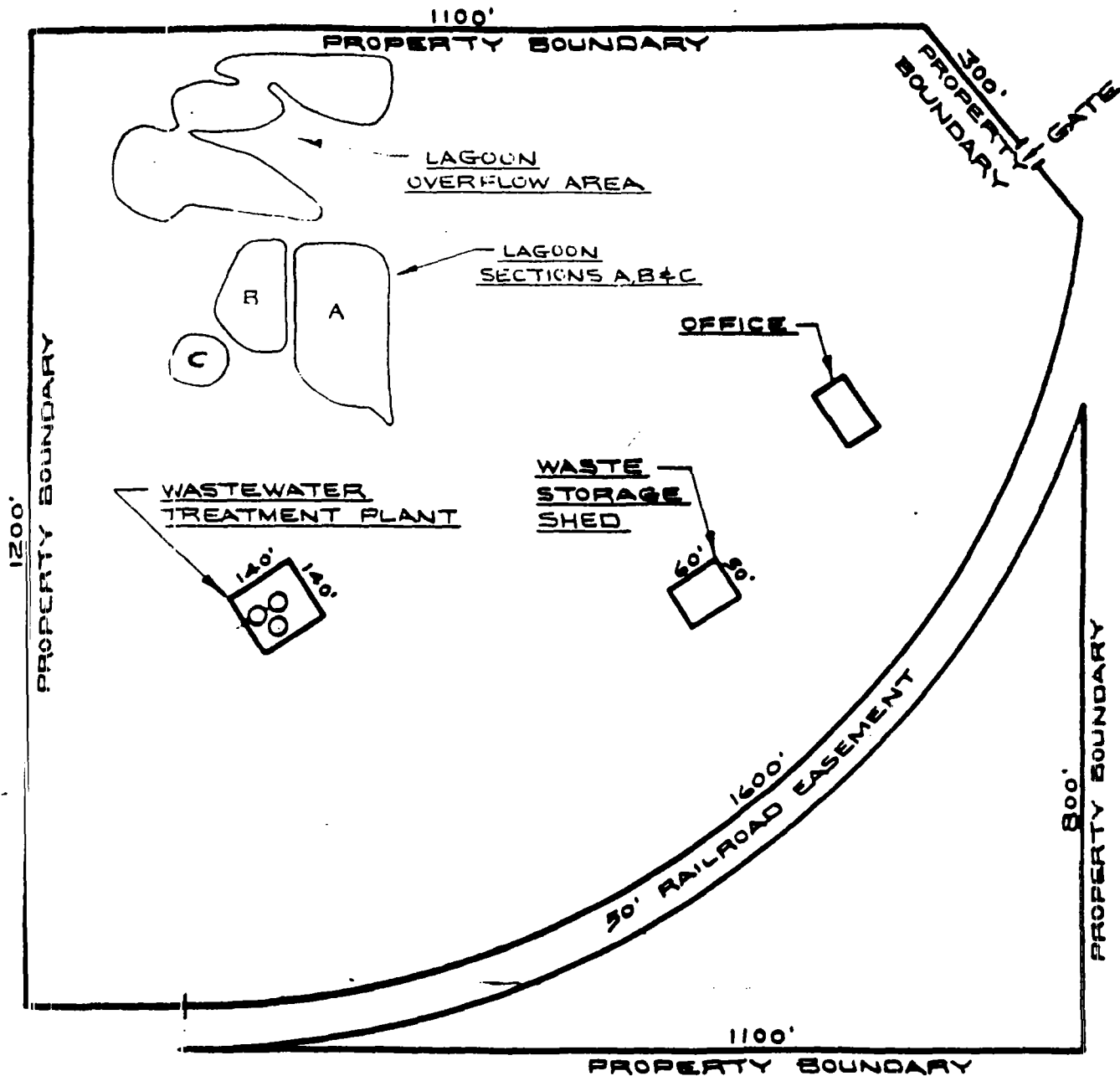
An amended Part "A" dated August 28, 1984 has been submitted for the following reasons.

1. The original Part "A" listed tank treatment (T01) and tank storage (S02) - tank storage and treatment was listed in the original submission through misinterpretation of the regulations. The tank storage and treatment is part of a waste water treatment plant and should not have been listed.
2. The original Part "A" listed incineration (T03) - at the time the original submission was made, an incinerator was under construction; however, it never became operative and a decision was made not to place it in operation.
3. The original Part "A" did not list on existing bio-oxidation lagoon.



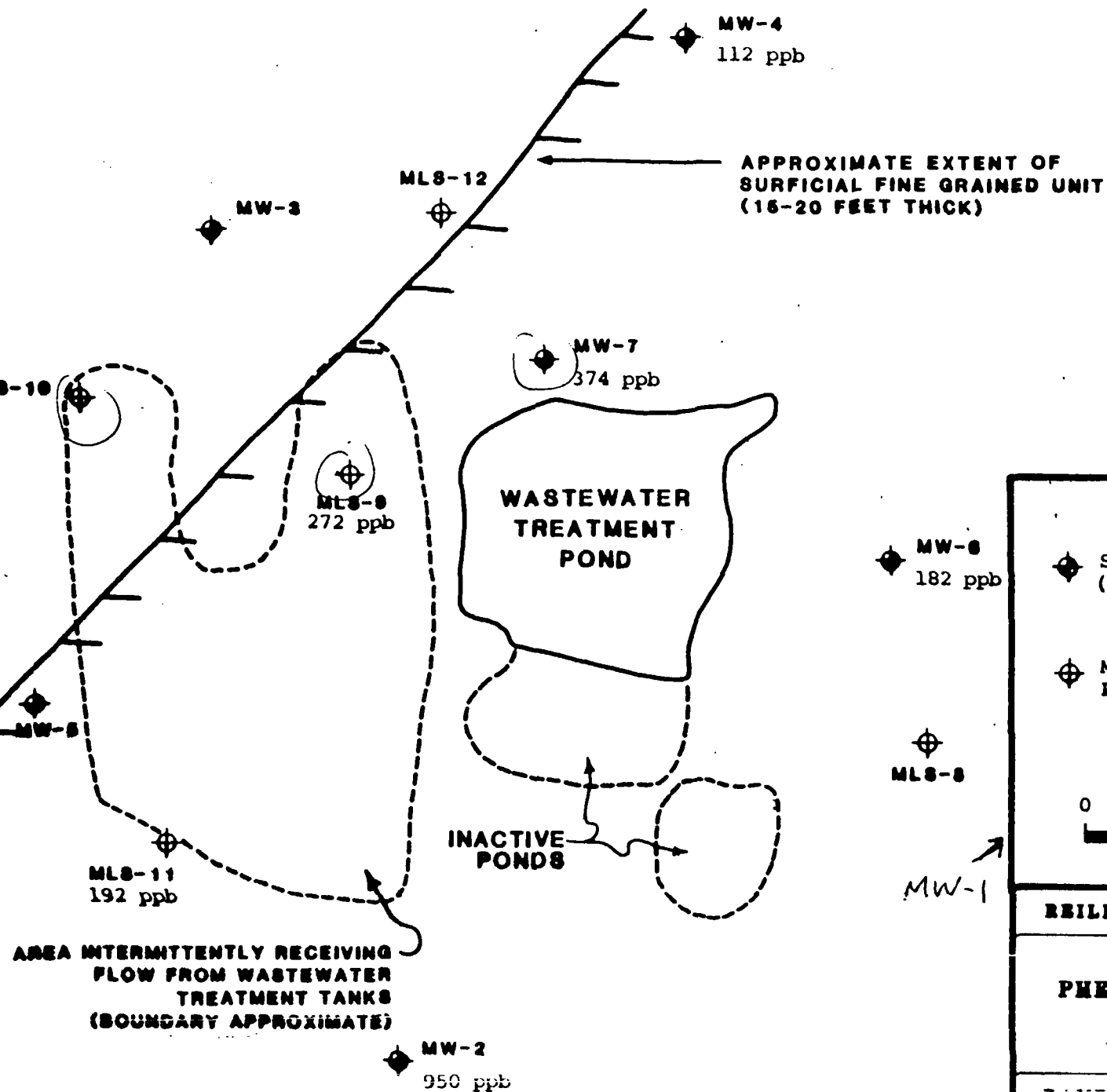
RECEIVED
APR 15 1985

IEPA-DLPC



APR 8 1985

SCALE 1"=200' REVISED 4-1-85
M. QUILLLEN 1-30-84



MW-8
182 ppb

MLS-8

MW-1

SHALLOW MONITORING WELLS (SURFICAL UNIT)

MULTI-LEVEL SAMPLING POINTS

0 100 200
SCALE IN FEET

REILLY TAR & CHEMICAL CORP.

FIGURE 6
PHENOL CONCENTRATIONS
IN SURFICIAL
FINE GRAINED UNIT

DAMES & MOORE NOV. 1984

M E M O R A N D U M

APR 07 1986

IEPA-DLPC

DATE: April 2, 1986

TO: Rama Chaturvedi - DLPC, Permit Section

FROM: Chuck Reeter - DLPC, Collinsville

*Chuck Reeter*SUBJECT: Facility Management Plan - LPC 1190400006 - Madison County
Granite City/Reilly Tar & Chemical3. No complaints. ^{ILD 006278360}

<u>Date of Inspection</u>	<u>Inspector</u>	<u>Conclusions</u>
RCRA/ISS 4/23/81	State	Multiple RCRA deficiencies noted. The facility was found to be deficient in many areas of the hazardous waste management program."
6/26/84	State	Annual Inspection. Following apparent violations were charged: 725.115(b)(1), 725.115(b)(2), 725.115(d), 725.116, 725.152(c), 725.173(b)(5), 725.294(a)-(e), 725.322, 725.123(a)(4).
9/21/84	State	Follow-up inspection. All previous violations charged were resolved except 725.322.
10/25/84	State Federal	Part B Permit Inspection.
12/5/84	State	Follow-up inspection. Previous violation (725.322) resolved. No current violations.
8/22/85	State	Annual Inspection. Following apparent violations were charged: 725.116, 725.135, 725.326, 722.140(b).
11/1/85	State	Follow-up inspection. All previous violations charged were resolved. No current violations.
1/16/85	State	Annual Inspection. Violation charged: 725.326(b).

LPC 1190400006
 Madison County
 Granite City/Reilly Tar & Chemical
 ILD 006278360

RCRA/Subpart F

7/21/83	State	Annual Inspection. Following apparent violations were charged: 725.191, 725.193(f), 725.194(a)(2)(A), 725.194(a)(2)(C)
8/7/84	State	Annual Inspection. All previous violations charged were resolved. No current violations.
8/1/85	State	Annual Inspection. No violations.
1/13/86	State	Sampling Inspection. Apparent violation charged: 725.192(a).
2/20/86	State	Annual Inspection. Previous violation (725.192(a)) resolved. No current violations.

5. No. All disposal practices at the facility of hazardous creosote wastes including the surface impoundment, overflow pond, and waste pile are RCRA regulated.
6. Yes. Areas of creosote product spillage and related soil contaminating were noted in previous inspections around the facility processing tanks and transfer stations. Stressed vegetation was noted in previous inspections in the vicinity of the overflow pond. Since the overflow pond has not been used within the past 1-1/2 years, the vegetation is recovering.
7. Unknown.

CVR:pbo/0029L

cc: Division File, DLPC
 cc: DLPC Collinsville
 cc: Sally Springer
 cc: Kenn Liss

FORM 1
GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
FIELD 0062783603D

II. POLLUTANT CHARACTERISTICS

III. FACILITY NAME

IV. FACILITY MAILING ADDRESS

V. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

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SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		3	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
REILLY TAP & CHEMICAL CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
PIRTLE L. PLANT MANAGER

B. PHONE (area code & no.)
618 452 3141

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
P O BOX 370

B. CITY OR TOWN
GRANITE CITY

C. STATE
IL

D. ZIP CODE
62040

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
9th & EDWARDSVILLE ROAD

B. COUNTY NAME
MADISON

C. CITY OR TOWN
GRANITE CITY

D. STATE
IL

E. ZIP CODE
62040

F. COUNTY CODE (if known)
119

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	6	7			
(specify) Cyclic (Coal Tar) Crudes & Cyclic Intermediates Dyes, & Organic Pigments (Lakes & Toners)				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
REILLY TAR & CHEMICAL CORPORATION															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) P (specify)															3 1 7 6 3 8 7 5 3 1									

E. STREET OR P.O. BOX																													
151 NORTH DELAWARE STREET																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
INDIANAPOLIS															IN					4 6 2 0 4					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Distillation of coal tar to produce creosote oil, pipeline enamel and various grades of pitch

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Carl F. Leshner, Vice President - General Manager, Refinery Division																														17 November 1980														

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EPA ID. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
W I L D 0 0 6 2 7 8 3 6 0 3 1												W DUP 3 2 DUP											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																			
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	K 0 3 5	1.500	T	S 0 2																			
2	U 0 5 1	500000	T	T 0 3																			
3	U 2 2 6	40000	P	T 0 3																			
4	U 2 3 9	40000	P	T 0 3																			
5	P 0 0 8	5000	P	T 0 3																			
6	U 0 0 2	10000	P	T 0 3																			
7	U 1 1 3	5000	P	T 0 3	deleted GR#																		
8	U 1 1 2	25000	P	T 0 3																			
9	U 1 8 8	1000	P	T 0 3																			
10		5,475000	T	T 0 1																			
11	U 2 2 0	10000	P	T 0 3																			
12	U 1 5 1	.500	P	S 0 1																			
12		5,475000	T	T 0 2																			
12		5000000	T	S 0 3																			
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	0	6	2	7	8	3	6	0	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING
All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). **FL: A/55**

VI. PHOTOGRAPHS
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). **FL: A/56**

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)										
3	8	4	1	0	2	0	2	0	0	0	9	0	0	8	0	2	0	2	0	0
45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)																			
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.					6. ZIP CODE				

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) C. F. Lasher, Vice President - General Manager, Refinery Division	B. SIGNATURE <i>C. F. Lasher</i>	C. DATE SIGNED 17 November 1980
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X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) C. F. Lasher, Vice President - General Manager, Refinery Division	B. SIGNATURE <i>C. F. Lasher</i>	C. DATE SIGNED 17 November 1980
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FORM
RCRA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FILED 0062783603

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
13	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1 EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2 NEW FACILITY (Complete item below.)

YR.	MO.	DAY
8	7	6

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	75

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1 FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	T 0 2	200	G		5	T 0 2	30.000000	G	
X-2	T 0 3	20	G		6	S 0 1	110000	G	
1	T 0 1	31.000000	U		7				
2	T 0 3	.350	D		8				
3	S 0 2	71.000000	G		9				
4	S 0 3	1,106000	Y		10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

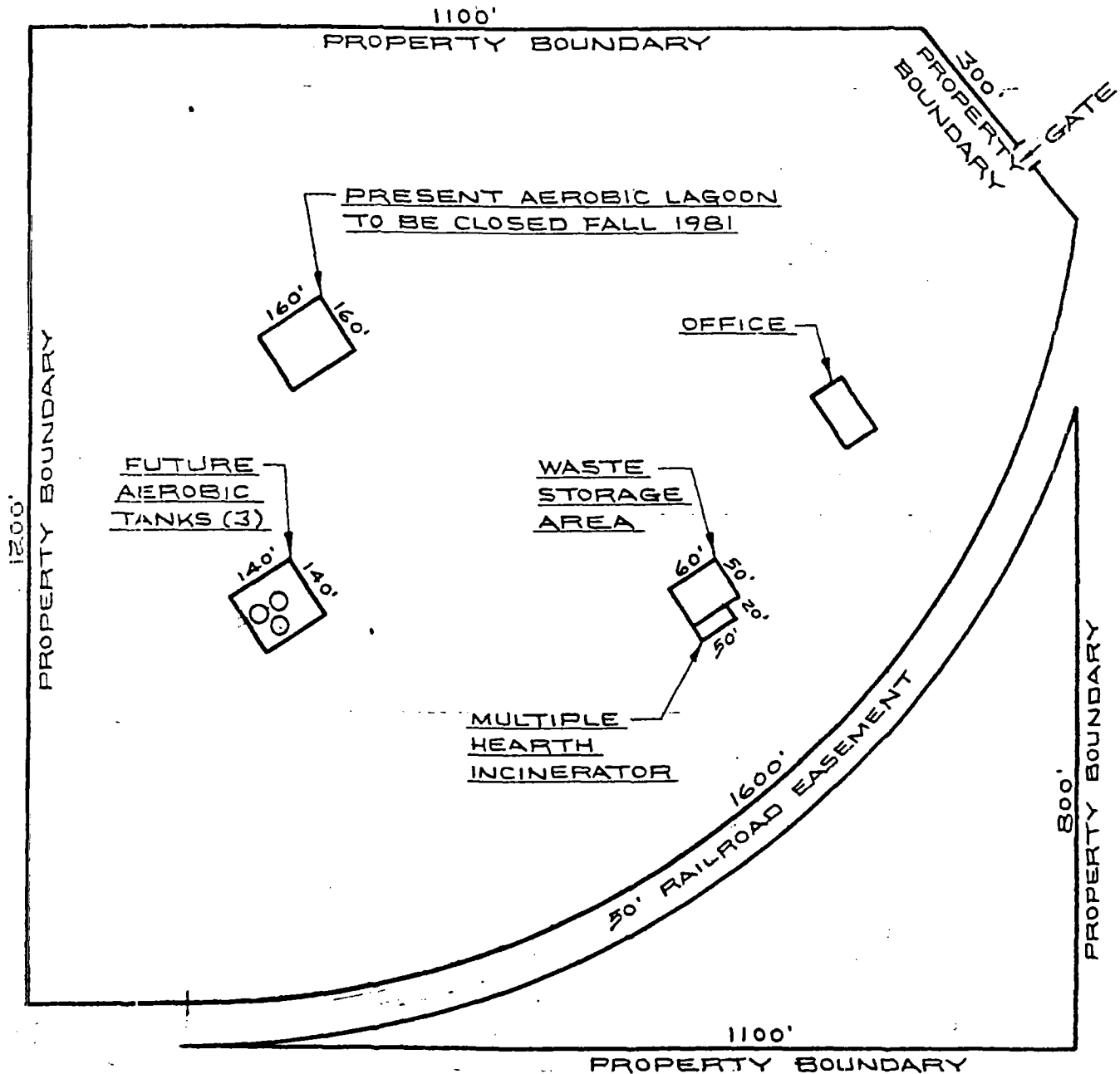
1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

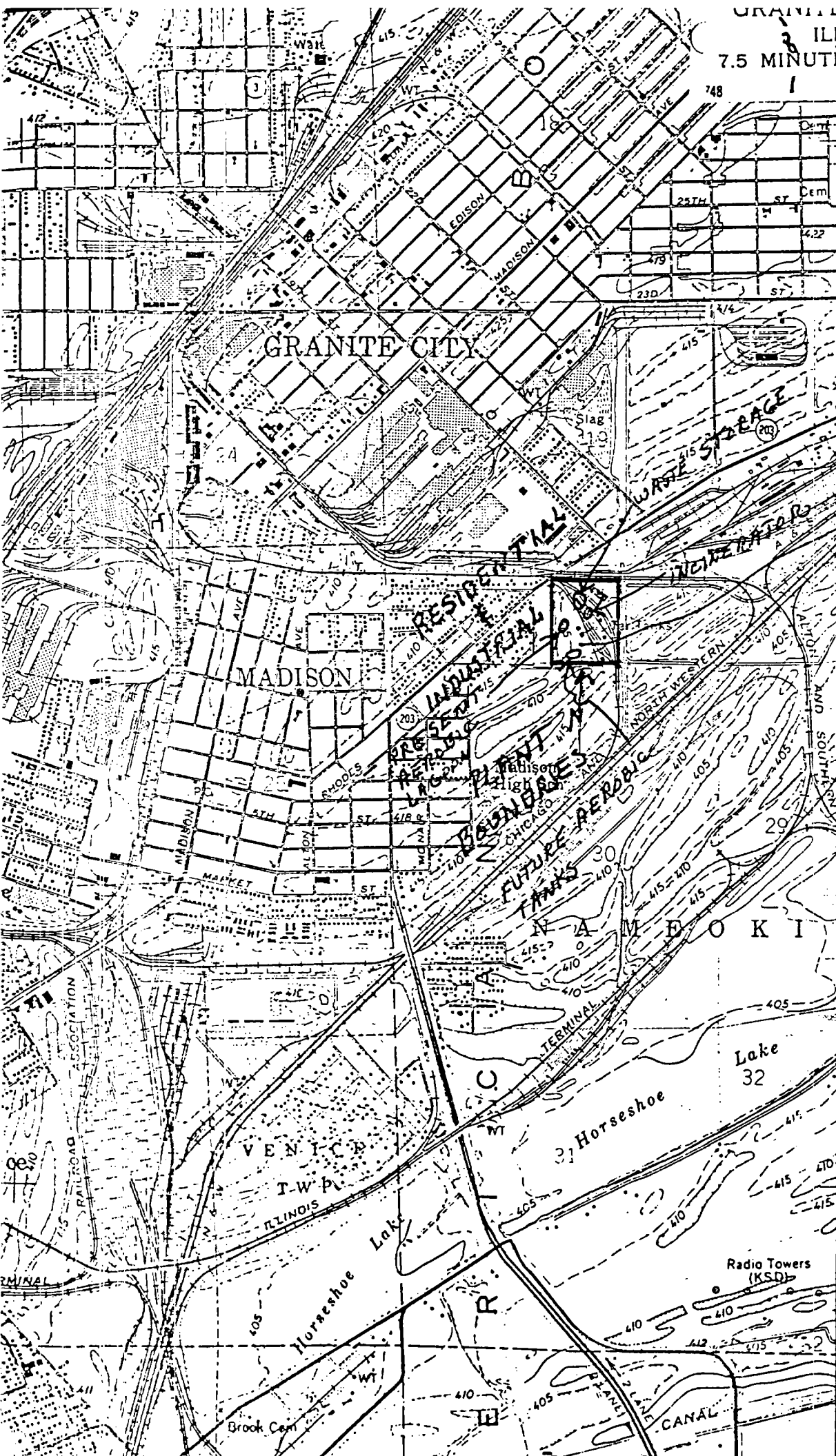
LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 3 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FACILITY DRAWING (see page 1)

REILLY TAR & CHEMICAL CORPORATION
GRANITE CITY, ILLINOIS
ID #ILD006278360



SCALE 1" = 200' M. QUILLLEN 10-17-80



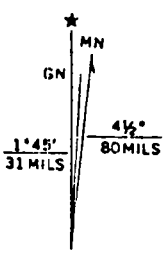
42°30"
 4288
 Reilly Tar & Chemical Corp.
 Granite City, Illinois
 I.D. #ILD006278360

38° 41' 20" N
 90° 8' 20" W

41° 30"
 41° 25"
 41° 20"
 41° 15"

41° 00"

40° 30"



UTM GRID AND 1968 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
 SCALE 1:24000
 T. 3 N.
 T. 2 N.

REILLY TAR & CHEMICAL CORPORATION
GRANITE CITY, ILLINOIS
ID #ILD006278360

ATTACHMENT "A"

EPA I.D. #IL006278360

X. Existing Environmental Permits

Illinois State Permit Number	Source Description	Type
I.D. #119040AAO Permit #02101030	Boilers	Operating - Air
I.D. #119040AAO Permit #03021158	Target Pitch	Operating - Air
I.D. #119040AAO Permit #72111177	Refinery	Operating - Air
I.D. #119040AAO Permit #03032433	Enamel Plant	Operating - Air
I.D. #119040AAO Permit #77120064	320 Tank Heater	Operating - Air
I.D. #119040AAO Permit #I907004	Incinerator	Construction - Air

